



This form is prescribed by the Superintendent for use by applicants for Employee of Firearms Dealer License. Any alteration to this form is expressly forbidden.



STATE OF NEW JERSEY APPLICATION FOR EMPLOYEE OF FIREARMS DEALER LICENSE

Check all that apply.

☐ Initial ☐ Renewal ☐ Transfer ☐ Retail ☐ Wholesale

(All Employee Licenses expire three years from the date of issuance or upon the expiration of the employer's license to Manufacture, Wholesale or Retail Firearms)

If internet form, make and sign two originals

All employees of a Firearms Dealer or Manufacturer who directly or indirectly engage in the sale or purchase of firearms or parts thereof and ammunition are required to complete this application form.

(1) Last Name (If female, include maiden) First Middle		(2) Resident Address (Number - Street - City - State - Zip)	
(3) Date of Birth Month / Day / Year	(4) Age (Place of Birth - City - State or Country)	(5) U.S. Citizen <input type="checkbox"/> Yes <input type="checkbox"/> No	(6) Social Security Number - -
(7) Sex Height Weight Eyes Race Hair	(8) Distinguishing Physical Characteristics		
(9) Employer's Trade Name		(10) Business Address (Number - Street - City - State - Zip)	
(11) Home Telephone () -	(12) Business Telephone () -	(13) Driver's License Number & State	(14) Date of Employment / / <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time
(15) Employee's Position with Licensee		(16) If you possess a New Jersey Firearms Purchaser Identification Card, list the number.	
(17) Have you ever been adjudged a juvenile delinquent?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, List Date(s)	Place(s) Offense(s)
(18) Have you ever been convicted of a disorderly persons offense, that has not been expunged or sealed?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, List Date(s)	Place(s) Offense(s)
(19) Have you ever been convicted of a criminal offense that has not been expunged or sealed?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, List Date(s)	Place(s) Offense(s)
(20) Have you ever had a firearms purchaser identification card, permit to purchase a handgun, or permit to carry a handgun refused or revoked?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, By Whom?	When? Where Why?
(21) Have you ever had an Employee of Firearms Dealer License refused or revoked?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, By Whom?	When? Where Why?
(22) Are you an Alcoholic?	<input type="checkbox"/> Yes <input type="checkbox"/> No	(23) Have you ever been confined or committed to a mental institution or hospital for treatment or observation of a mental or psychiatric condition on a temporary, interim or permanent basis? If Yes, give the name and location of the institution or hospital and the date(s) of such confinement or commitment.	
(24) Are you dependent upon the use of any narcotic or other controlled dangerous substance?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
(25) Are you now being treated for a drug abuse problem?	<input type="checkbox"/> Yes <input type="checkbox"/> No	(26) Have you ever been attended, treated or observed by any doctor or psychiatrist or at any hospital or mental institution on an in-patient or outpatient basis for any mental or psychiatric conditions? If Yes, give the name & location of the doctor, psychiatrist, hospital or institution and the date(s) of such occurrence.	
(27) Do you suffer from a physical defect or sickness?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
(28) If answer to question 27 is yes, does this make it unsafe for you to handle firearms? If not, explain.			<input type="checkbox"/> Yes <input type="checkbox"/> No
(29) Are you subject to any court order issued pursuant to Domestic Violence? If yes, explain.			<input type="checkbox"/> Yes <input type="checkbox"/> No
(30) Have you ever been convicted of any domestic violence in any jurisdiction which involved the elements of (1) striking, kicking, shoving, or (2) purposely or attempting to or knowingly or recklessly causing bodily injury, or (3) negligently causing bodily injury to another with a weapon? If Yes, explain.			<input type="checkbox"/> Yes <input type="checkbox"/> No
(31) Are you presently, or have you ever been a member of any organization which advocates or approves the commission of acts of violence, either to overthrow the government of the United States or of this State, or to deny others of their rights under the Constitution of either the United States or the State of New Jersey? If yes, list name and address of organization(s) here:			<input type="checkbox"/> Yes <input type="checkbox"/> No
A fee of \$5.00 payable to the Superintendent of State Police must accompany this application. Forward to: New Jersey State Police Firearms Investigation Unit P.O. Box 7068 West Trenton, NJ 08628-0068		I hereby certify that the answers given on this application are complete, true and correct in every particular. I realize that if any of the foregoing answers made by me are false, I am subject to punishment.	
(32) _____		_____	
Signature of Applicant		Date of Application	
(The disclosure of my social security number is voluntary. Without this number, the processing of my application may be delayed. This number is considered confidential.)			
Falsification of this form is a crime of the third degree as provided in NJS 2C:39-10c.			
DO NOT WRITE BELOW THIS SPACE			
License Number	FIU#	Date of Issue	County Code